

# BULLETIN

Barnes Hospital, St. Louis, MO  
January 1990, Vol. 44, No. 1



*Benjamin F. Edwards III*



*Earle H. Harbison Jr.*

## Harbison, Edwards elected to board

Two new members have been elected to the Barnes Hospital Board of Directors. They are Earle H. Harbison Jr., president and chief operating officer of Monsanto Co., and Benjamin F. Edwards III, president and chief executive officer of A.G. Edwards Inc.

Mr. Harbison, is vice chairman of the St. Louis Regional Commerce and Growth Association (RCGA), vice chairman of the Municipal Theatre Association, a board member of the St. Louis Art Museum and the Arts and Education Council and a director of the Veiled Prophet Fair Foun-

dation. He also is president of the William Greenleaf Eliot Society and a member of the Arts and Sciences Council, both affiliated with Washington University.

Mr. Harbison is a member of the Federal Bar, and serves on the boards of Merrill Lynch and Co., Inc., Angelica Corp., National Life Insurance Co., and the Automobile Club of Missouri.

He was with the U.S. Central Intelligence Agency for 18 years and was a deputy director when he resigned to join Monsanto in 1967.

Mr. Edwards is past chairman of the Securities Industry Association and serves on the boards of the New York Stock Exchange, Heilig-Myers Co., Civic Progress, Jefferson Bank and Trust Co., American Automobile Association of Missouri, Psychological Associates Inc., the St. Louis Arts and Education Council, the St. Louis Art Museum, the University of Missouri at St. Louis and Washington University. He also is a member of the Legislative Policy Committee of the Securities Industry Association.

Mr. Edwards joined A.G. Edwards in 1956. Previously, he served as an officer in the United States Navy.

### 28 Years of Hospitality

## *Woman provides Barnes families with 'home away from home'*

Families of extended-stay patients from outside the St. Louis area often face a time of separation from their loved one. The cost for traditional lodgings over several weeks or months usually prohibits them from staying in St. Louis to be with a family member in the hospital.

But thanks to Kittye Miller and others like her, extended-stay patients have had the opportunity to have family members close by. Mrs. Miller has opened her home to extended-stay patients and their families since 1961, charging a nominal fee.

A registration book, its pages yellowed with age, contains the names of every visitor. By Mrs. Miller's count, she has hosted about 1,600 visitors from 43 states and seven foreign countries.

Mrs. Miller, who will be 86 in April, closed her registration book in December and ended an era of dedicated service to Barnes. "My association with Barnes Hospital has been a deep and good one for more than 50 years," she explains. "I gave birth to my first son at the Barnes Maternity Hospital in 1931, and I worked at the hospital as a ward clerk from 1957 to 1971. I used to walk to work from my home on Clayton Avenue."

"Things were so different, so relaxed back then," Mrs. Miller recalls. "I'd be working on Division



*Kittye Miller, center, shares memories of her many guests with Don Lichti, vice president for ancillary services, and Carol Weir, social work director, at a reception in her honor Dec. 19.*

7200 and someone would come by, say they had been given my name, and I'd give them the key. They'd just walk down to the house and help themselves. I was almost never disappointed in the way the people acted."

"You really don't know the public until you do something like this. It's a memory I'll cherish all of my life."

It's also a memory that won't soon be forgotten by the people who Mrs. Miller helped. Her home is filled with small mementos they have sent to her; and many still write or send Christmas cards.

"I remember, one of my boarders was a doctor from Switzerland here to participate in one of the hospital's research programs. Every night

we used to look at the globe and he'd tell me about all the places he had been. One of the nurses at the hospital loaned him a bicycle and he traveled to every important sight in St. Louis on that bicycle."

Mrs. Miller's boarders have included single people, families, and even surprise guests. "I once had a family of three staying in one of my rooms. One night, two more relatives showed up at 9 p.m. They hadn't asked me ahead of time, but I wasn't about to turn anyone away. I only had two twin beds in that room, so they slept five across on those two twin beds."

Mrs. Miller's boarders stayed from half a day to three months—depending on the status of the situations that had brought them to Barnes. "I never questioned my roomers," she adds, "but I was always available if they needed to talk. Sometimes they would come back from the hospital and would be crying. They were away from home and worried, and they had to talk to someone. There were so many beautiful experiences and sad experiences that we shared."

Looking back, Mrs. Miller is glad she opened her home to so many over the years. "When I was working full time, I didn't have time to do much for other people. I saw opening my home as a way of putting out a helping hand."

She took in her last boarder on Nov. 12 of this year. "I'm going to be 86 years old in April, and it's time to quit. It's gotten too hard to keep up with the cleaning and work you have to do with

**Front cover:** Kittye Miller opened her home and heart to almost 1,600 Barnes patients and their families since 1961. Her guest book includes names of visitors from 43 states and seven foreign countries.

*(continued on p.2)*



# Computerized meds system improves efficiency, security

Providing pain medication to patients on a timely basis while strictly controlling access presents a delicate balancing act for the nursing profession. Only a limited number of keys to the narcotics cabinet are kept on a nursing division, and exact records must be kept of each dose administered.

To help resolve this dilemma, Barnes is testing the Pyxis Medstation System, which consists of computer-controlled drug storage cabinets located on nursing floors. Similar units also are available for distributing and recording non-narcotic medications.

If implementation continues as planned, Barnes could be one of the first hospitals in the country to control and dispense medications through an automated system.

The computerized cabinets use no keys, only a password and an identification number. When these are entered correctly, a list of patient names appears on a computer screen attached to the cabinet. The nurse selects the correct patient and the correct drug for withdrawal. The drawer on the cabinet opens, allowing access only to the drug requested. The nurse verifies the drug count in the drawer with the count indicated on the screen, and then withdraws the desired medication.

The new cabinets result in faster delivery of pain medication and more accurate medication charges. Nursing divisions function more efficiently with the units in place, said Norma Barr, director of Nursing Systems.

"Under the old system, when patients requested medications, the nurse had to locate the key to the narcotics cabinet, open the box and find the drug among the many that were kept there and sign out the controlled substance on a 'proof of use' sheet," she explains.

"If nurses wasted any of the drug because the patient's dosage was smaller than the one on hand, they had to have another nurse witness

and co-sign the wastage. The whole process could take anywhere from 3 to 30 minutes."

While the nurse is administering and recording the drug, the computer automatically generates the amended supply report. If any wastage of the drug is required, a second nurse must witness the wastage and enter her ID number into the computer.

Adds Mrs. Barr, "That's a security improvement. The nurse can't go on to the next step unless the witnessing ID number has been entered."

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## *"Patients notice quicker delivery of medication with the new system."*

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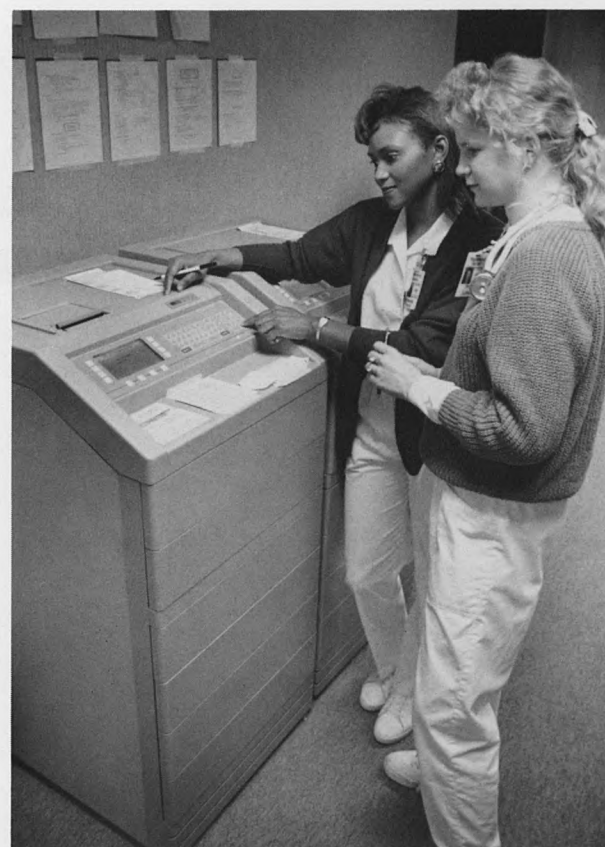
As a result of this computerized system, patients are getting drugs faster and the nurses are realizing greater job satisfaction in their patient care.

"It's not just the nurses who are noticing an improvement, the patients are too," Mrs. Barr said. "We had one patient who had been on one of the divisions before the system was implemented. He noticed that his medications were being administered much more quickly with the new system. That kind of unsolicited praise really helps."

State and federal regulations require very strict control of narcotics. Nurses must count doses and track down any discrepancies—not an easy task under the old system.

A study conducted at Barnes earlier this year revealed that hospitalwide, nurses made about 24 trips each day to the pharmacy to obtain needed medications. Each trip took an average of 12 minutes—an interruption in patient care.

The Medstation automatically inventories its



The Medstation drug dispensing system keeps an accurate inventory of the drugs dispensed on a nursing division, while controlling access to those drugs. RNs Yolanda Beck, left, and Helen Loftus, right, use the Medstation on 8500.

contents and notifies the pharmacy if a medication supply is running low. It also provides an accurate report for patient billing.

The success of the Medstation on its pilot divisions has led to the system's expansion. Additional nursing units are being added to the project, and other applications of the Medstation are under review.

"The Medstation may also be useful for the inventory of 'as needed' (p.r.n.) medications, first dose medications, and certain supplies, such as instrument sets," Mrs. Barr said.

## **Mrs. Miller** (from page 1)

boarders. Besides, I'd like to have a little time to do some other things with my life."

But resting does not seem to be part of Mrs. Miller's prescription. "I do some volunteer work for the Peregrine Society (for cancer patients) and with my church. I'd like to do more, but I had a slight heart attack a little while ago, and my doctor says maybe I should slow down."

As Mrs. Miller reminisces, she laughs softly. "I really wasn't sure I'd like taking in boarders, but I did. We had a lot of fun together. There has been heartache, sure, but there's also been a lot of jubilation. I wouldn't have missed it for anything."

"We're extremely grateful to Mrs. Miller for the concern she has shown for Barnes patients and their families over the past 28 years," said Carol Weir, director of Social Work. "We don't know what we would have done without people like her."

Some repeat patients or family members specifically requested to board with Mrs. Miller, Ms. Weir said.

Ironically, Mrs. Miller's announced retirement comes just when Barnes is announcing plans for Barnes Lodge—a 20-room, two-story facility to be constructed on Clayton Ave. Social workers at Barnes will continue to utilize boarding homes in the area when Barnes Lodge is at capacity.

## First patient has high praise for Barnes West County staff, facility

Barnes West County has admitted and discharged its first patient. Vane Gallaway, a 64-year-old retired maintenance engineer, was admitted to the hospital for back surgery Nov. 16.

Mr. Gallaway had high praise for the West County facility and its staff.

"I was hardly able to walk when I came into the hospital," he recalls, "but everyone was so nice to me. They took such great care of me that I just couldn't ask for anything more."

"I had been to the hospital before Barnes took it over—when my wife had been a patient. I thought it was really a nice little hospital, very pretty; and with a beautiful location."

Mr. Gallaway was discharged on Thanksgiving Day and is now recuperating at home. He says he was so impressed that he will return to the facility for outpatient physical therapy.

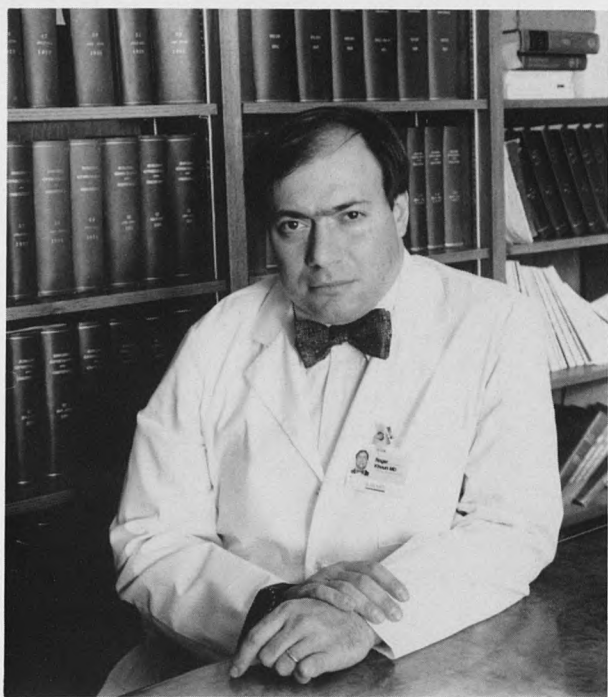
Which is just the kind of talk Ken Smithmier, administrator, likes to hear. "It's our market position at Barnes West County that we won't try to duplicate the tertiary services that Barnes has become known for. But we can offer physicians' offices, a variety of specialties, an urgent care center in our emergency department, limited inpatient services, and extensive outpatient services, allowing us to meet a wide range of patient needs."

And, if other services are required, that can also be arranged, according to Mr. Smithmier. "If patients need something more acute or specialized, our ability to move patients, or medical records from here to Barnes is smooth and simple—and the continuity of care by physicians is also assured."

Mr. Gallaway may not have considered all of the benefits when he chose Barnes West County, but he liked the results. "All I know is that they were there when I needed them. They took care of me . . . and my family."



# Commitment, technology shape Barnes replant team



Dr. Roger K. Khouri

On his first day at Barnes Hospital this past August, Dr. Roger K. Khouri reattached a little boy's fingertip that had been severed in a canoeing accident. The case was an indication to Dr. Khouri, a plastic surgeon specializing in microvascular replantation and reconstructive surgery, that he had joined the right team.

He has since performed numerous replantation procedures, including two four-finger amputation reattachments. The volume of such procedures performed at Barnes had initially attracted Dr. Khouri, who had just completed a fellowship in microsurgery at Harvard Medical School, to St. Louis.

In replantation surgery, the structures of the severed body part, including blood vessels, nerves, tendons, ligaments and muscles, are microsurgically reattached or rebuilt in order to restore the part's function and appearance. This type of procedure is performed about once a week here.

The hospital's dedication to being a regional replantation center and the resulting range and number of replantations places Barnes among the elite centers in the U.S.

"It takes a commitment from the hospital administration and the doctors," Dr. Khouri said. "That means having an experienced surgeon readily available 24 hours a day. And Barnes is also committed to having an operating room and staff available for replantation procedures within a half-hour of the patient's arrival. This is not the kind of surgery where you can just do it tomorrow."

In the early 1960s, surgeons had success replant-

ing severed arms. As microsurgical techniques and equipment were refined in the 1970s, surgeons were able to reconnect and reconstruct smaller blood vessels. This resulted in the successful reattachment of smaller parts of the extremities.

Surgical techniques, equipment and post-operative care have become so sophisticated that "virtually any body part, including lips, noses, ears, scalps, hands, fingers and even penises, can be successfully reattached," Dr. Khouri said.

While most plastic surgeons are capable of performing common replantation procedures, logistics and availability of facilities make teaching hospitals such as Barnes the ideal place for more difficult cases. A centralized, well-equipped location is essential.

"The success rate of replantation surgery varies depending on the surgeon's technical skills and selection criteria for replants. Some won't attempt the harder or riskier cases. At Barnes, we will attempt to reattach as many amputated parts as possible," Dr. Khouri said.

A replant center's success rate increases with the number of procedures performed.

"This is not the type of surgery most doctors in private practice can do. You can't rush off and leave a waiting room full of cosmetic surgery patients," said Dr. Khouri.

If a severed part has been damaged too badly to be reattached, it is often possible to use some of the tissue to rebuild or repair the wound. "We salvage what we can," Dr. Khouri said. "We never dispose of any living tissue before all salvage options are exhausted."

If reattachment is impossible, limbs and other appendages may be reconstructed at a later time. Toes can be transferred to hands as finger substitutes; functional ears, noses and penises can be rebuilt through the microvascular transplantation of tissue from other parts of the body.

"Extensive training in microsurgery is impor-

tant for the replantation surgeon," Dr. Khouri said. "The largest blood vessel we reconnect are often less than a half-millimeter in diameter. We use sutures that are much finer than a human hair."

Improved awareness by emergency medical technicians and emergency room personnel of how to preserve and treat severed parts helps increase the chances of successful reattachment.

Replantation surgery is long, tedious work. "Most are all-night cases," said Dr. Khouri. "It takes at least four hours for a single finger to be reattached."

But the surgery can sometimes be a race against the clock. Fingers and ears, because they have no muscles, can be maintained without a blood supply for up to 24 hours, if properly preserved. Larger, muscular structures, such as a limb, must have their blood supply restored within about four hours, or the muscle tissue begins to die.

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*"Virtually any body part can be successfully reattached."*

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Dr. Khouri is one of eight full-time plastic surgeons at Barnes. In addition to replantation surgery, he performs general plastic, reconstructive, and cosmetic surgery.

All of the surgeons also perform a full range of cosmetic procedures. Cosmetic surgery patients benefit by choosing a surgeon with training in total reconstruction and manipulation of the body's surface and support tissues.

"Cosmetic surgery is just a spin-off of the skills you need in doing reconstructive surgery. If you can rebuild a face, you are better prepared to improve upon it," said Dr. Khouri.

## First aid can boost replant success

Over the past two decades, replantation surgery has evolved from the occasional to the everyday. The success of a replantation depends heavily on the first aid that the patient and severed part receive at the scene of the injury.

Confusion over what to do can sometimes result in additional injury to the patient or damage to the amputated part. Here are some things to remember if you are faced with an amputation injury.

Attending to the patient:

- The patient's survival is top priority. If there is an injury more severe than the amputation, such as a crushed chest or third degree burns, attend to that first.
- Elevate the stump and apply pressure. If the part has been totally severed, it will clot off on its own. There is no need to apply a tourniquet. In fact, a tourniquet can cause tissue death, making replantation impossible.
- Do apply a tourniquet in the case of a partial amputation accompanied by very heavy

bleeding. If you do apply a tourniquet, loosen it for a few seconds every 10 to 15 minutes.

- Transport the patient to a replantation center as soon as possible. The sooner the patient arrives at the center, the greater the chance of a successful replantation.

Attending to the amputated part:

- Keep it clean. The amputated part, especially if it has fallen into a contaminated area, should be gently washed with clean, running water or wiped.
- Keep it covered. Cover the digit or limb with a clean, moist wrapping—a paper towel or cotton gauze.
- Keep it cool, but **not** frozen. The ideal temperature for maintaining an amputated part until replantation is 39° F or 4° C, but avoid direct contact with ice. Wrap the part in a moist cloth, put it in a plastic bag, and place the bag on regular ice. Rapid transport to a replantation center should follow.

## BULLETIN

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Kathy Holleman, Editor  
Scott Ragan, Managing Editor

## BARNES

Barnes Hospital  
at Washington University  
Medical Center



# Community calendar

Thursday, Jan. 18 and 25

Registered dietitians from the Barnes Nutrition Counseling Service will offer **free body fat assessments** to visitors, employees and patients in the Health Education Center, first floor East Pavilion, from 11 a.m. to 3 p.m. In addition to measuring body fat percentage, the dietitians will offer tips on how to reduce or maintain the ideal percentage of body fat. For more information, call (314) 362-1390.

Thursday, Jan. 18

**Practical information on breast feeding** is provided in a two-hour class that teaches the art and techniques to new mothers. This program also is recommended for parents who have not yet decided on breast or bottle feeding, as an aid in the decision-making process. Call (314) 362-MOMS for information.

Thursday, Jan. 25

**The basics of caring for a newborn** are covered in a two-hour class for new parents. Information discussed includes bathing and dressing an infant, tips on how to soothe a fussy baby, infant safety issues, common concerns of new parents, and hints on how to play with and get to know the new addition to the family. Call (314) 362-MOMS for more information.

Saturday, January 27

**Grandparents** anxiously awaiting arrival of the new baby in the family can refresh their child care skills at an informal two-hour class led by Barnes maternity nurses. Recent trends in prenatal care, childbirth and infant care are discussed, and a tour of the childbirth area is included. Call (314) 362-MOMS for information about charges and registration.

Wednesday, Jan. 31

Its victims may feel compelled to perform a ritual over and over, several times a day. Or they may be obsessed with a thought or word that won't seem to leave their head. For many of those who suffer from it, **obsessive-compulsive disorder** is a painful, debilitating secret. Learn about new advances in the treatment of OCD at a free lecture at 7 p.m. at the Tesson Ferry Branch Library, 9920 Lin-Ferry Road. Barnes psychiatrist Dr. Reed Simpson will be the speaker. To register, call (314) DOC-TORS (362-8677).

Thursday, Feb. 1 and 15

**Cholesterol and blood pressure screenings** will be offered to employees and visitors from 11 a.m. to 3 p.m. in the Health Education Center. There will be a \$3 charge for cholesterol screenings. For more information, call (314) 362-1390.

Monday, Feb. 5

**Prepared childbirth classes** are taught by registered nurses at Barnes as a six-week program for mother and coach. The series includes information on Caesarean birth and a tour of Barnes' delivery and maternity facilities. Tuesday and Wednesday classes are also available throughout the year. Call (314) 362-MOMS for more information.

Wednesday, Feb. 7

**"How Diabetes Affects Your Eyes"** will be the topic of a free lecture at 10 a.m. at the St. Louis County Public Library Headquarters, 1640 S. Lindbergh. Dr. Gil Grand, Barnes ophthalmologist, will discuss how diabetes causes eye complications and how diabetics can prevent blindness. Glaucoma screenings will also be available. Call (314) DOC-TORS (362-8677) to register.

Saturday, Feb. 10

**"Cosmetic Surgery: Honest Expectations"** will be the topic of a free lecture at the Lewis and Clark Branch Library, 9909 Lewis and Clark. Dr. Bruce Kraemer, Barnes cosmetic plastic surgeon, will discuss the various types of cosmetic procedures and what kinds of results to expect from each. To register, call (314) DOC-TORS (362-8677).

Thursday, Feb. 22

**Are you at risk for heart disease?** A free written assessment that indicates your risk of developing heart disease will be offered to visitors, employees and patients from 11 a.m. to 3 p.m. at the Health Education Center, first floor East Pavilion. For more information, call (314) 362-1390.

**"I'm Important Too!"** sibling preparation classes help parents and their children ages 2 through 6 get ready for the new addition to the family. Children practice holding, feeding and diapering life-like dolls and take a trip to the nursery during this one and one-half hour class taught by nurse educators and social workers. Registration is \$6 per child. Call (314) 362-MOMS.

## Employee retirements

Three long-term employees recently retired with a combined total of 79 years of service to the hospital. Nadine Abernathy, medical records, and Lucretia Darris, Central Service and Ethelrine Wingo, housekeeping, each received a certificate of appreciation from hospital president Max Poll at receptions in their honor.

Nadine Abernathy calls the day she got a job at Barnes "the happiest day of my life." On that day in April 1960, she applied for the position of medical transcriptionist while her husband waited for her in the soda fountain located near what is now the Barnes cafeteria. Mrs. Abernathy remained in medical records, eventually becoming secretary to the director. Through the years, she had several different supervisors. One who made a lasting impression was the lady who emphasized important points during the weekly staff meeting by whacking a cane on the conference table. Mrs. Abernathy is planning an active retirement. She hopes to become more involved with her church, "join all the seniors groups, and travel."



Nadine Abernathy

Lucretia Darris worked nights in Central Service for 25 years. She enjoyed the quiet of the night shift and the family-like bond of the night crew. One of the first things she did after starting at Barnes was to buy a pair of oversized shoes to help her walk the halls. Lucretia plans to travel extensively in her retirement. Three of her four children work for airlines.



Lucretia Darris

Ethelrine Wingo began her service at Barnes in 1964 as a housekeeper on the Queeny Tower self-care floors. She soon transferred to the operating rooms. Her first day there was a little rocky. Upon getting a glance at her first operation, Mrs. Wingo promptly passed out. "I had just never saw anything like that before," she said. She recovered quickly and spent the rest of her Barnes career in the ORs, spending the past five years in outpatient surgery. Mrs. Wingo intends to remain active and travel. Her first stop may be in Los Angeles to visit her grandchildren.



Ethelrine Wingo

## Gifts to Barnes Hospital

Listed below are the names of persons (honorees in **boldface**) who made contributions during November 1989 to Barnes Hospital. Because Barnes is a private hospital and does not receive public funds, it relies on the gifts of individuals to continue providing quality patient care and to support research aimed at improving the lives of patients.

Donations to the hospital may be made through the Barnes Hospital Auxiliary or the development office. The Auxiliary coordinates the Tribute Fund, which is used for specific hospital projects.

### Aids Research and Patient Care Fund

Marilyn A. Smith

**IN MEMORY OF:**

**Matt Kelley**

Mr. & Mrs. Paul Boeger

### Barnes Lodge Construction Fund

Ada J. Kling

Mr. & Mrs. Ridgely W. Meyer

### Barnes Hospital School of Nursing Scholarship Endowment

**IN MEMORY OF:**

**Lowell Traugbber**

Barnes Hospital

Barnes Hospital School of

Nursing Faculty

**Vera Roman**

Margie Nahrup

### Barnes West County

Consolidation Coal Company

### Bone Marrow Transplant Fund

**IN MEMORY OF:**

**Phillip Beard**

Mr. & Mrs. E.C. Blackard

Alan Frankel

Monsanto

Donald Primrose

**Susan Keohane**

Jeanne M. Lawson

### Burn Unit Continuing Education Fund

**IN MEMORY OF:**

**Charles & Delcy Fox**

Dr. & Mrs. William Monafio

### Cancer Research Fund

Leola J. Hodges

Darelyn Schmidt

Rebecca Wood

**IN MEMORY OF:**

**James Lucas**

Michael H. Lucas

Mr. & Mrs. Tomlinson

### Diabetes Mellitus

Marcia Fitch

### Joseph C. Edwards, M.D., Care of the Patient Fund

**IN HONOR OF:**

**Dr. Joseph C. Edwards**

Lorene W. Creech

### Fox Family Foundation

Fox Family Foundation



**Lynn Kohane Schukar Fund**

**IN MEMORY OF:**  
**Adalbert M. Schacker**  
Louis Schukar

**Lynn Kohane Schukar**  
Louis Schukar  
**Ethel Willenzik**  
Louis Schukar

**Sheryl Stern Nursing Scholarship**

**IN MEMORY OF:**  
**Samuel Davis**  
Norma E. Stern

**IN HONOR OF:**  
**Mr. & Mrs. Adolph Feinberg's**  
New Home  
Ingla Maul  
Norma Stern  
**Hospice Month**  
Norma Stern

**Dr. Phillip E. Korenblat**  
Named Chief of Staff of  
Barnes West County  
Hospital  
Norma Stern

**Kenneth Smithmier Named**  
Administrator of Barnes  
West County Hospital  
Norma Stern

**Schwartz Neurosurgical Fund**

Mrs. T. Frank James Jr.

**Barnes Hospital Unrestricted Endowment**

Mr. & Mrs. R.B. Davenport  
Mary Jane Greve  
Per Melley A. Jones  
Virginia Hawn  
Patricia Ling  
Leatrice Perry  
Kevein Socha

**IN MEMORY OF:**  
**Jesse Matthew Abbington**  
Mrs. Jesse M. Abbington

**Heart Transplant Association Endowment Fund**

**IN MEMORY OF:**  
**Alan Wolff**  
Mr. & Mrs. Winton Barker  
Mr. & Mrs. Stanley Beck  
Mr. & Mrs. Nick Belfiglio  
Byers, Gunn & Hart Architects  
Mr. & Mrs. Norman Giles  
Mr. & Mrs. Paul Lorenzini &  
Family

Mr. & Mrs. Howard C. Moore  
Helen Oetter  
Mrs. Jacob Rubin  
Todd Sigler  
Rose & Kelly Soffer

**IN HONOR OF:**  
**Dr. & Mrs. Randall Genton's**  
Wedding  
Mr. & Mrs. Stanley Beck

**Hospice Fund**

**IN MEMORY OF:**  
**Helvi Bell**  
Margot M. Oppenheimer  
Mr. & Mrs. Bruce Massie  
**Helen Friedrich**  
Mr. & Mrs. David Burruss  
Pat Crowe  
Mr. & Mrs. Edward Friedrich  
Harold K. Friedrich  
Mr. & Mrs. Charles Griese  
Mr. & Mrs. Andrew Hester  
Mr. & Mrs. Jack Korte  
Mr. & Mrs. John McCartney  
Mr. & Mrs. Warren Meifert  
Mr. Conrad C. Ochs  
Mr. & Mrs. George Shaffrey  
Dorothy Wood  
Ms. Edith M. Valliere  
The Zarka Family

Beverly A. Hirstein  
Mary Jane Hirstein  
Les' Poker Club  
Mr. & Mrs. Larry Hock  
Mr. & Mrs. B.F. Lyons  
Mr. & Mrs. George Maricic  
Mr. & Mrs. Alan Nagel  
Mr. & Mrs. Kenneth Pheiffer  
Mr. & Mrs. Marcellus Schaefer  
Barbara Smith  
Mr. & Mrs. Earl R. Wilson

**Frank Lagwinski**  
Walter Johan Kraushaar  
Sherwood Medical Company

**Richard Martin**  
Advanced Nursing Services of  
St. Louis

**John Maxwell**  
Gary Buckley

**IN MEMORY OF:**  
**Father James Moran**  
Friends of White-Rodgers  
Division  
Kathryn A. Inabnit  
Catherine A. Reilly  
Mary Ann Rieger  
The 10:30 Catholic Community  
Gene M. Stortz

**Philip L. Scarpellino**  
Mr. & Mrs. David Brender  
Mr. & Mrs. Harold Brender  
Mr. & Mrs. Dale Eberhard  
Mr. & Mrs. Anthony Greco  
Michael Pirruccello  
Mr. & Mrs. Tony Pirruccello  
Mrs. Joseph F. Scarpellino  
Mr. & Mrs. Kenneth  
Westerhold  
Mr. & Mrs. Ken Zachary

**Bud Schwarz**  
Mr. & Mrs. George Shaffrey

**IN HONOR OF:**  
**Hospice Patients**  
Barnes Hospital Auxiliary

**Ophthalmology Resource**

Mr. & Mrs. Arthur Niemoeller

**Organ Transplant Fund**

**IN MEMORY OF:**  
**Wilma Rahmberg**  
Mr. & Mrs. John L. Driskell &  
Family

**Renal Transplant Patient Care Fund**

John E. Ruberto

**Liz Rosenbaum Endowment**

**IN MEMORY OF:**  
**Elizabeth Cahill**  
Mary Jane Meyer

**Scott Jablonow Endowment**

**IN HONOR OF:**  
**Bernie's Speedy Recovery**  
Mr. & Mrs. Lou Jablonow

**Jonathan Adam Jonas Cancer Research Fund**

Stephen Menzer/Circle Shoe  
Company

**IN MEMORY OF:**  
**Vera Dickey**  
Mr. & Mrs. Buddy Glaser

**Mother of Mrs. Anita Kapell**  
Mr. & Mrs. Jerry Lerner

**IN HONOR OF:**  
**Stacey & Alan's Wedding**  
Mr. & Mrs. Sandy Jaffe

**Alvin Lasky Memorial Fund**

**IN MEMORY OF:**  
**Sam Cohen**  
Mildred Feldman  
Suzanne Lasky

**Medical Research Fund**

Peggy McEnary

**Arline Geier Lewis Scholarship**

**IN MEMORY OF:**  
**Arline Geier Lewis**  
Faith Geiger  
Kalleen E. Geiger  
Warren Lewis

**Liver Transplant Patient Care Fund**

Chaminade College Preparatory

**Lung Transplant Patient Care Fund**

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Sandra Ben-Zeev  
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Pamela Brugger  
Mr. & Mrs. Edward Case  
Barbara Combs  
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Judy Deutsch  
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Lori Schutte  
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Ron Stillman  
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Lucille C. Grimes

**Eric Lugger**  
Delores Lugger

**Barnes Hospital Tribute Fund**

**IN MEMORY OF:**  
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Dr. and Mrs. Jerome Levy  
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Darlene B. Roland  
Ginny Ruzicka  
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**Ruby Durham**  
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**Herbert Strain**  
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Mrs. Larry Tucker  
**Herman R. Wortham**  
Darlene B. Roland  
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**Patricia Berne, Ph.D.**  
Barnes Auxiliary  
**Thomas A. Mustoe, M.D.**  
Barnes Hospital Auxiliary  
**Robert J. Saltman, M.D.**  
Barnes Hospital Auxiliary

**Barnes Hospital Tribute Fund Tree Of Life**

Marie Rutlin  
**IN MEMORY OF:**  
**Jimmy Amos**  
Pamela Brugger  
**Minnie Bell**  
Bernice Bell  
**George W. Brown**  
Ruth Brown  
**Raymond Cragin**  
Mrs. Schuyler Smith  
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**Alfred & Jenny Holter**  
Dennis Holter  
**Dale Kaseberg**  
Mrs. Karandjeff  
**Friend, Elizabeth Kratz**  
Ingla Maul  
**Amos & Alice Lowe**  
Dennis Holter  
**Husband, George Maul**  
Ingla Maul  
**Parents, Karl and Klara Nass**  
Ingla Maul  
**Mary Jane Palmasano**  
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**Lynn Schukar**  
Louis Schukar  
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Bernice Bell  
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Norma Stern  
**Father and Grandfather,**  
**Samuel Stern**  
Sheryl Stern Dobbin  
Samantha Stern Dobbin

**Don Telthorst**  
Dorothy L. Telthorst  
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**Birthdays of Mr. & Mrs.**  
**William Berg**  
Mr. & Mrs. M.R. Chambers  
**Ann & Lou Cohen**  
Mr. & Mrs. Martin Schneider  
**Rex & Vern Crafton**  
Mr. & Mrs. Martin Schneider  
**Sandy & Al Frager**  
Mr. & Mrs. Martin Schneider  
**Volunteer, Mary Ann Fritschle**  
Pansy Fell  
**Thelma Gee**  
Kim Gibson  
**Lynn & Neal Granneman**  
Mr. & Mrs. Martin Schneider  
**David Holtgrefe**  
Mr. & Mrs. Martin Schneider  
**Mike Holtgrefe**  
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**Steve Holtgrefe**  
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**Neal & Caroline Schecter**  
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**Sharon Schneider**  
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**Fran Weintraub**  
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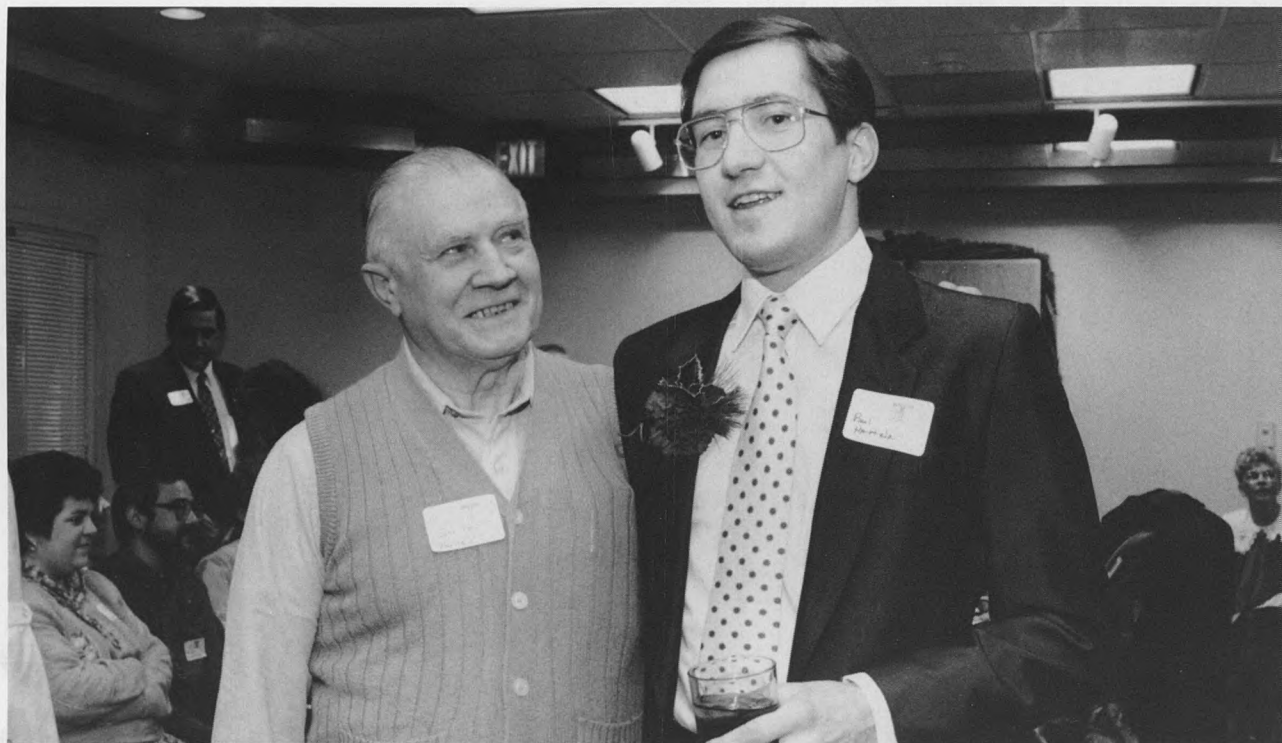
**Annual Fund**

Arzella Abernathy  
Jane K. Albat  
Vickie Ballard  
Joseph Bango  
Edward K. Braun  
Emily S. Bretz  
Gregory Brooks  
Joseph Busalacki  
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Earl Maltimore  
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Hazel McNutt  
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Clarence Merkel  
Eleanor Miller  
Luther N. Mitchem  
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James N. Weiss  
Doris Winnemann  
Lilly Woolsey

**IN HONOR OF:**  
**Personnel Serving ENT**  
**Recovery Room October 1988**  
E.E. Steffey





*Healthy, happy holidays: John Paul Hattala, left, celebrated with his son, Paul, at a reunion of Barnes' 1989 transplant recipients, Dec. 7, in the Queeny Tower Library Room. The younger Hattala, 31, of Spartanburg, S.C., was the first person to undergo a new double-lung transplant procedure developed by Barnes lung transplant surgeon Dr. Joel Cooper. Hattala, who had suffered from cystic fibrosis, was looking forward to spending an especially joyous Christmas with his family.*

## BULLETIN

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## Opening home and heart for Barnes